



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Inspection Date 4/29/2004
Time Start 12:55 PM
Time Finish 2:00 PM

HAZARDOUS WASTE INSPECTION REPORT
☒ **GENERATOR** ☐ **S Q GENERATOR**

Company name C.M.S. GILBRETH I.D. Number PAD 981103617
Site Address 3001 STATE ROAD CROYDON
County BUCKS Municipality BRISTOL TOWNSHIP Zip 19021
Name of Inspector ALEX PAGE
Name & Title of Responsible Official JOEL SPADE - ENGR. + MAINTENANCE MANAGER
Person Interviewed JOEL SPADE Telephone ()
Mailing Address (if different from above) -
Amount of Hazardous Waste Generated per Month: 9000 Pounds Kgs

1. Site Characterization:

STORAGE: ☒ Container ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad Other
PBR: ☐ Neutralization/WWTP ☐ Reclaim Other
GENERATOR TREATMENT ☐ Containers ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad

2. Universal Waste: ☐ Large Quantity Handler ☐ Small Quantity Handler

Universal Waste Types

3. Hazardous Waste Transporters:

Transporter Name HMHTC RESPONSE, INC License Number PA AH0554
Transporter Name License Number
Transporter Name License Number

4. Types of hazardous waste generated and destination facility (location & type).

Waste Code	Waste Description	Destination Facility
<u>0001, F003</u>	<u>WASTE PRINTING INK</u>	<u>HUKILL CHEMICAL CO.</u>
	<u>WASTE FLAMMABLE LIQUIDS</u>	<u>7013 KRICK ROAD</u>
		<u>BEDFORD, OHIO 44146</u>

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS

Site Name CMS GILBRETH ID Number PA0 981103617 Date 4/29/2004

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED. CIT. 40 CFR	LINE NO.
X				Hazardous waste determination performed on all waste streams	262a.10	262.11	H001
X				Identification Number	262a.10	262.12	H002
X				Authorized transporters only	262a.10	262.12(c)	H003
X				Subsequent notification requirements met	262a.12(b)		H004
X				Proper manifest used	262a.10	262.21	H005
X				Manifests filled out correctly and completely	262a.20		H006
X				Manifests signed and routed properly	262a.23(a)	262.23	H007
X				Generator waste accumulated on site for 90 days or less	262a.10	262.34(a)	H008
	X			SQG waste accumulated on site for 180 days max unless 200 mile distance rule applies - 270 days	262a.10	262.34(e)(f)	H009
	X			SQG waste accumulated on-site never exceeds 6000 kg	262a.10	262.34(e)(f)	H010
X				Satellite accumulation requirements complied with	262a.10	262.34(c)	H011
X				Personnel training program per 265.16 complied with	262a.10	262.34(a)(4) 262.34(d)	H012
X				Manifest exception and biennial reports retained for 3 years	262a.10	262.40(a)(b)	H013
X				Specified records retained for three years	262a.10	262.40(c)	H014
X				Biennial reports submitted to the Department (LQG only)	262a.41	262.41	H015
X				Exception reporting procedures followed	262a.42	262.42	H016
X				Spill reporting procedures followed	262a.10	262.34(d)	H017
X				PPC plan developed and implemented	262a.10	262.34(a)	H018
X				Special requirements followed for international shipments	262a.10	262.50 262.60	H019
X				Source reduction strategy prepared and available (LQG only)	262a.100		H020
X				Excluded waste complies with exclusionary requirements	261a.4	261.4	H021

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HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS FACILITY SPECIFICS

Site Name CMS GILBRETH ID Number PA09B1103617 Date 4/29/2004

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED CIT. 40 CFR	LINE NO.
				CONTAINERS (Subchapter I)			
X				Containers managed in compliance with 40 CFR Part 265 Subpart I and 25 PA Code Chapter 265a Subchapter I	262a.10	262.34	H025
X				Containers of hazardous waste in good condition	265a.1	265.171	H026
X				Containers and stored waste compatible	265a.1	265.172	H027
X				Containers kept closed except during addition or removal of wastes	265a.1	265.173(a)	H028
X				Containers managed to prevent leaks	265a.1	265.173(b)	H029
X				Container configuration and spacing insures safe management and access for inspection purposes and emergency equipment	265a.173		H030
X				Container storage areas inspected at least weekly	265a.1	265.174	H031
X				Special requirements for ignitable or reactive and incompatible waste complied with	265a.1	265.176-177	H032
X				Proper containment and collection systems in place	265a.179		H033
X				Air emission standards complied with (AA, BB, CC)	265a.1	265.178	H034
X				Containers clearly marked with accumulation date and visible for inspection	262a.10	262.34(a)(2)	H035
X				Containers labeled "Hazardous Waste"	262a.10	262.34(a)(3)	H036
X				Containers labeled accurately identify contents	SWMA 6018.403(b) (2)		H037

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HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS FACILITY SPECIFICS

Site Name CMS GILBERTH ID Number PAD 981103617 Date 4/29/2004
 1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA CODE	FED CIT. 40 CFR	LINE NO.
X				Containment Buildings (Subchapter T)			
	I			Building completely enclosed to prevent exposure to the elements	265a.1	265.1101(a)(1)	H061
	V			Meets special requirements if liquids present	265a.1	265.1101(b)	H062
				Primary barrier free of significant gaps, cracks and deterioration	265a.1	265.1101(c)(1)(i)	H063
				Level of hazardous waste within unit is below containment walls	265a.1	265.1101(c)(1)(ii)	H064
				Tracking of waste out of unit by equipment or personnel prevented	265a.1	265.1101(c)(1)(iii)	H065
				No visible dust emissions at doors, windows, vents, etc.	265a.1	265.1101(c)(1)(iv)	H066
				Professional engineer's certification placed in operating record	265a.1	265.1101(c)(2)	H067
				Required inspections performed and logged in operating record	265a.1	265.1101(c)(4)	H068
X				Drip Pads (Subchapter S)			
	I			Engineer's certification of existing drip pads on file	265a.1	265.441(a)	H069
	V			Drip pad meets 265.443 design & operating standards	265a.1	265.443	H070
				(a) nonearthen, sloped construction with berm to channel associated drippage to collection system	265a.1	265.443(a)	H071
				(b) Has synthetic liner below the pad with properly constructed leak detection system	265a.1	265.443(b)	H072
				Drip pads & collection system maintained to prevent deterioration	265a.1	265.443(c)	H073
				Drip pads & collection systems designed to prevent run-off	265a.1	265.443(d)	H074
				Run-on/run-off control system maintained unless pad protected by a structure	265a.1	265.443(e)	H075
				Release reporting requirements met	265a.1	265.443(m)	H076
				Drip pads inspected weekly and after storms when in operation	265a.1	265.444(b)	H077

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INSPECTION REPORT COMMENTS

Date of Inspection 4/29/2004 Identification Number PAD 981103617Company/Facility/Site Name CMS GILBRETH

INSPECTION CONDUCTED BY ALEX PAGE. JOEL SPADE, ENGR. + MAINT. MGR. WAS THE FACILITY GUIDE. CMS GILBRETH IS A MANUFACTURER OF PRINTED LABELS USING THE FLEXOGRAPHIC OR ROTOGRAVURE PRINTING PROCESS. CMS GILBRETH EMPLOYS ABOUT 81 PEOPLE WHO WORK 1 SHIFT. SECURITY IS PROVIDED BY AN ALARM SYSTEM AND FENCED-IN YARD WITH GATED ACCESS.

AT THE HAZARDOUS WASTE STORAGE AREA, DRUMS OF HAZ. WASTE APPEARED PROPERLY LABELLED AND STORED IN GOOD CONTAINMENT.

MANIFESTS AND THE PPC PLAN WERE AVAILABLE AND APPEARED PROPERLY COMPLETED.

A COPY OF A TYPICAL MANIFEST IS INCLUDED WITH THIS REPORT.

NO VIOLATIONS OBSERVED

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature) _____ Date _____

Inspector (signature) Alex Page

OFFICIAL PENNSYLVANIA MANIFEST FORM

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. PAD 981103617		Manifest Document No. 91828		2. Page 1 of 1		Information within the bold red border is not required by Federal law but may be required by State law.	
		3. Generator's Name and Mailing Address CMS Gilbreth Packaging Systems 3001 State Rd., Croydon, PA 19021		Attn: Joel Spade		A. State Manifest Document Number PAH 091828		B. State Gen. ID Same	
4. Generator's Phone (215) 826-2473		5. Transporter 1 Company Name HMHTC Response, Inc.		6. US EPA ID Number NJR000011528		C. State Trans. ID PA-AH 0554		D. Transporter's Phone (973) 335-6696	
7. Transporter 2 Company Name		8. US EPA ID Number		E. State Trans. ID PA-AH		F. Transporter's Phone ()		G. State Facility's ID	
9. Designated Facility Name and Site Address Hukill Chemical Co. 7013 Krick Rd. Bedford, OH 44146		10. US EPA ID Number DH0001926740		H. Facility's Phone (440) 232-9400		I. Waste No.			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) HM				12. Containers		13. Total Quantity		14. Unit Wt/Vol	
				No. Type		Total Quantity		Unit Wt/Vol	
a. X RQ, Waste Printing ink, 3, UN1210, PG II (D001) (Propanol)				006 DM		00300		G D001	
b. X RQ, Waste Flammable liquid, n.o.s., 3, UN1993, PG II (D001) (Xylene, Ethyl Acetate)				013 DM		00650		G F003	
c. X RQ, Waste Printing ink, 3, UN1210, PG II (D001) (Propanol)				001 DF		00005		G D001	
d.									
J. Additional Descriptions for Materials Listed Above 11a. S, L, I 11b. L, I, E, T Also F005, D001, D035				K. Handling Codes for Wastes Listed Above a. c. b. d.					
15. Special Handling Instructions and Additional Information 11a. Approval No. 9463; ERG No. 129 11b. Approval No. 9464; ERG No. 128 11c. Approval No. 9463; ERG No. 129 LDR on file @ TSDf ACC #62632				Emergency Phone: (800) 927-9303 Certificate of Disposal Required DH Permit No. UPW-0604471-IL					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.									
Printed/Typed Name JOEL E. SPADE				Signature <i>Joel E Spade</i>				MONTH DAY YEAR 08 08 04	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name STEVE KEPLER				Signature <i>Steve Kepler</i>				MONTH DAY YEAR 04 08 04	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name				Signature				MONTH DAY YEAR	
19. Discrepancy Indication Space									
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.									
Printed/Typed Name PATRICK JORDAN				Signature <i>Patrick Jordan</i>				MONTH DAY YEAR 04 16 04	



Inspections							
Inspection Id	1932189	Inst Type	CEI	Compliance Evaluation	Date Inspected	04/29/2004	
Inspected Entity							
Cat	PF	Entity	3187	PAD981103617	CMS GILBRETH PACKAGING SYS	Program Specific Id	PAD981103617
Type	CAHWO	Captive Haz	Kind		Status	ACTIV	Active
More SF	Sub Fac	10021	PAD981103617	CMS GILBRETH PACKAGING SYS	Type	HGCAP	
SF Status							

General	Insp SF	Viol	Rel Insp	Comp Asst	Cover Area	Admin	Summary
Owner/Operator	86643	23-1604497	CMS GILBRETH PKG SYS				
Complaint Id		Inspector	446831	PAGE, ALEX		More	<input type="checkbox"/>
Due Date		Inspection Result	NOVIO	No Violations Noted			
Date Scheduled		Scheduled By					
Agency	DEP	PA Dept of Environmental Prote		External	<input type="checkbox"/>	Violated	<input type="checkbox"/>
Program	WMHW	JCS Code	4100	SE REGIONAL OFFICE NORRISTO		External Details	
PF Related Info							
County	09	Bucks	Municipality	09001	Bristol		

[Create ENF](#) [Back](#) [Go To](#)

Inspection Id

Record: 1/1

<OSC> <DBG>



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Inspection Date 04/22/05Time Start 10:15 AMTime Finish 12:20 PM

HAZARDOUS WASTE INSPECTION REPORT

☒ **GENERATOR** ☐ **S Q GENERATOR**

Company name CMS GILBRETH PACKAGING SYSTEMS I.D. Number PAD981103617
 Site Address 3001 STATE ROAD CROYDON
 County Bucks Municipality BRISTOL TWP Zip 19021
 Name of Inspector ALEX PAGE / ANDREW HANEKO
 Name & Title of Responsible Official JOEL SPADE - ENGINEERING & MAINTENANCE MANAGER
 Person Interviewed NICK CIMORELLI - MAINT. S.P. Telephone (215) 826-2473
 Mailing Address (if different from above) _____
 Amount of Hazardous Waste Generated per Month: 3000 Pounds _____ Kgs

1. Site Characterization:

STORAGE: ☒ Container ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad Other _____
 PBR: ☐ Neutralization/WWTP ☐ Reclaim Other _____
 GENERATOR TREATMENT ☐ Containers ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad

2. Universal Waste: ☐ Large Quantity Handler ☐ Small Quantity Handler

Universal Waste Types _____

3. Hazardous Waste Transporters:

Transporter Name CLEAN VENTURES, INC. License Number PA-AH 0299
 Transporter Name _____ License Number _____
 Transporter Name _____ License Number _____

4. Types of hazardous waste generated and destination facility (location & type).

Waste Code	Waste Description	Destination Facility
D001	WASTE PRINTING INK	HUKILL CHEMICAL CO
F003	WASTE FLAMMABLE LIQUIDS	7013 KRICK RD.
		BEDFORD OH 44146
D001	WASTE FLAMMABLE LIQUIDS	CYCLE CHEM INC.
		550 INDUSTRIAL DR.
		LEWISBERG PA 17339

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HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS

Site Name CMS GILBRETH ID Number PAD981103617 Date 04/22/05

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED. CIT. 40 CFR	LINE NO.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hazardous waste determination performed on all waste streams	262a.10	262.11	H001
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identification Number	262a.10	262.12	H002
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Authorized transporters only	262a.10	262.12(c)	H003
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Subsequent notification requirements met	262a.12(b)		H004
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper manifest used	262a.10	262.21	H005
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manifests filled out correctly and completely	262a.20		H006
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manifests signed and routed properly	262a.23(a)	262.23	H007
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Generator waste accumulated on site for 90 days or less	262a.10	262.34(a)	H008
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SQG waste accumulated on site for 180 days max unless 200 mile distance rule applies - 270 days	262a.10	262.34(e)(f)	H009
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SQG waste accumulated on-site never exceeds 6000 kg	262a.10	262.34(e)(f)	H010
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Satellite accumulation requirements complied with	262a.10	262.34(c)	H011
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personnel training program per 265.16 complied with	262a.10	262.34(a)(4) 262.34(d)	H012
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manifest exception and biennial reports retained for 3 years	262a.10	262.40(a)(b)	H013
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specified records retained for three years	262a.10	262.40(c)	H014
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Biennial reports submitted to the Department (LQG only)	262a.41	262.41	H015
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exception reporting procedures followed	262a.42	262.42	H016
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PPC plan developed and implemented	262a.10	262.34(a)	H018
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Source reduction strategy prepared and available (LQG only)	262a.100		H020
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excluded waste complies with exclusionary requirements	261a.4	261.4	H021
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
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HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS FACILITY SPECIFICS

Site Name CMS GILBERTH ID Number PAD981103617 Date 04/22/05

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED CIT. 40 CFR	LINE NO.
				CONTAINERS (Subchapter I)			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers managed in compliance with 40 CFR Part 265 Subpart I and 25 PA Code Chapter 265a Subchapter I	262a.10	262.34	H025
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers of hazardous waste in good condition	265a.1	265.171	H026
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers and stored waste compatible	265a.1	265.172	H027
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers managed to prevent leaks	265a.1	265.173(b)	H029
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Container configuration and spacing insures safe management and access for inspection purposes and emergency equipment	265a.173		H030
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Container storage areas inspected at least weekly	265a.1	265.174	H031
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special requirements for ignitable or reactive and incompatible waste complied with	265a.1	265.176-177	H032
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper containment and collection systems in place	265a.179		H033
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers clearly marked with accumulation date and visible for inspection	262a.10	262.34(a)(2)	H035
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers labeled "Hazardous Waste"	262a.10	262.34(a)(3)	H036
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers labeled accurately identify contents	SWMA 6018.403(b) (2)		H037

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BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of Inspection 04/22/05Identification Number PAD 981103617Company/Facility/Site Name CMS GILBRETH

INSPECTION CONDUCTED BY ALEX PAGE AND ANDREW HANEIKO (DEP TRAINEE). NICK CIMORELLI, MAINTENANCE SUPERVISOR, WAS THE FACILITY GUIDE. CMS GILBRETH IS A MANUFACTURER OF PRINTED LABELS USING THE FLEXOGRAPHIC OR ROTOGRAVURE PRINTING PROCESS. CMS GILBRETH EMPLOYS ABOUT 82 PEOPLE WHO WORK 1 SHIFT. SECURITY IS PROVIDED BY AN ALARM SYSTEM AND FENCED-IN YARD WITH GATED ACCESS.

HAZARDOUS WASTES ARE PRIMARILY WASTE PRINTING INKS AND WASTE FLAMMABLE SOLVENTS. AT THE TIME OF INSPECTION THERE WERE NO HAZARDOUS WASTES AT THE HAZARDOUS WASTE STORAGE AREA. THE HAZARDOUS WASTE STORAGE AREA IS A FREE STANDING METAL BUILDING WITH A GRATED FLOOR, FIRE SUPPRESSION SYSTEM, AND SECURED ACCESS.

DURING A WALK THROUGH OF THE PLANT, TWO DRUMS OF HAZARDOUS WASTE AT A SATELITE ACCUMULATION AREA WERE MISSING BUNGS. NICK CIMORELLI IMMEDIATELY REPLACED THE BUNGS.

AT A RECORD REVIEW, MANIFESTS WERE AVAILABLE AND APPEARED PROPERLY COMPLETED AND ROUTED WITHIN TIME LIMITS. THE P.P.C. PLAN CONTAINED THE REQUIRED ELEMENTS AND APPEARED TO BE UP TO DATE.

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

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Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature) Nick CimorelliDate 4-22-05Inspector (signature) Alex Page

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BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of Inspection 04/22/05Identification Number PAD 98103617Company/Facility/Site Name C.M.S. GILBRETH

TRAINING RECORDS AND CERTIFICATES OF TRAINING WERE AVAILABLE FOR
THOSE EMPLOYEES WHO MANAGE HAZARDOUS WASTE.

A CONTINUOUS IMPROVEMENT IN HOUSEKEEPING AND MAINTENANCE WAS
OBSERVED AT C.M.S. GILBRETH.

NO VIOLATIONS OBSERVED.

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature)

Date

4-22-05

Inspector (signature)

Inspection Id 1441635 **Insp Type** CEI **Compliance Evaluation** **Date Inspected** 04/22/2005

Inspected Entity
Cat PF **Entity** 3187 **PAD981103617** **CMS GILBRETH PACKAGING SYS** **Program Specific Id** PAD981103617
Type CAHWO **Captive Haz** **Kind** **Status** ACTIV **Active**
More SF **Sub** 10021 **PAD981103617** **CMS GILBRETH PACKAGING SYS** **Type** HGCAP
Fac **SF Status**

General | **Insp SF** | **Viol** | **Rel Insp** | **Comp Asst** | **Cover Area** | **Admin** | **Summary**

Owner/Operator 86643 23-1604497 CMS GILBRETH PKG SYS
Complaint Id **Inspector** 446831 PAGE, ALEX **More**
Due Date **Inspection Result** NOVIO No Violations Noted
Date Scheduled **Scheduled By**
Agency DEP PA Dept of Environmental Prote **External** **Joint Insp** **Viol Ind** **Complaint Ind**
Program WMHW **ICS Code** 4100 SE REGIONAL OFFICE NORRISTO **External Details**
PF Related Info
County 09 Bucks **Municipality** 09001 Bristol

[Create ENF](#)
[Back](#)
[Go To](#)

RCRAInfo CM&E EVALUATION – VIOLATION FORM

SEP 29 2006

*EPA ID Number		PAD981103617		EIN			
Handler Name		CMS Gilbreth Packaging Systems					
Street		3001 State Road					
City		Croydon		State	PA	Zip Code	19021
Actual Generator Status <i>Check only if different from Notified Status.</i>				LQG <input checked="" type="checkbox"/> SQG <input type="checkbox"/> CESQG <input type="checkbox"/> Closed <input type="checkbox"/> Non-Handler <input type="checkbox"/>			
Universe Change Required? <i>(Generator Status Change Required)</i>				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, complete the Universe Change Section (on reverse side of this form).			
RCRA Non-Notifier?				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, complete the Handler Section (on reverse side of this form).			
Other Facility Information Changes?				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, complete the Handler Section (on reverse side of this form).			
*EVALUATION		<input checked="" type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete		<i>You must provide an Evaluation Identifier (also known as the Sequence Number).</i>			
*Evaluation Identifier	*Type	*Evaluation Start Date (mm/dd/yyyy)	*Agency	Responsible Person	Suborganization		
001	CEI	07/14/2006	S	EJW	WM		
Day Zero (mm/dd/yyyy): You need to specify Day Zero for all evaluation types except CDI, CSE, FUI, SNY, and SNN, otherwise it defaults to Evaluation Start Date. For CDI, CSE, FUI, and SNY evaluations, you must select a previous CEI Start Date for the Day Zero. SNN evaluation type does not require a Day Zero.				07/14/2006		Reclassified SV Date: Only applicable for SNY evaluation type as appropriate.	
Notes:							
Evaluation Indicator Field (Check all that apply) <input type="checkbox"/> Citizen Complaint <input type="checkbox"/> Multimedia Inspection <input type="checkbox"/> Sampling <input type="checkbox"/> Not Subtitle C							
Focused Coverage Areas (Use Only for Evaluation Type FCI) <i>Regulation-Specific FCI</i> BIF <input type="checkbox"/> CCI <input type="checkbox"/> CFI <input type="checkbox"/> INC <input type="checkbox"/> LDR <input type="checkbox"/> PTB <input type="checkbox"/> PTX <input type="checkbox"/> THI <input type="checkbox"/> UIC <input type="checkbox"/> UOI <input type="checkbox"/> UWR <input type="checkbox"/> OTHER (specify): _____ <i>Routine/Standardized FCI</i> CAR <input type="checkbox"/> CPC <input type="checkbox"/> DOS <input type="checkbox"/> EMR <input type="checkbox"/> IEI <input type="checkbox"/> ISI <input type="checkbox"/> RTI <input type="checkbox"/>							
Does this Evaluation Add/Update/Delete a Violation?			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<i>If Yes, fill in the Violations Section(s) on page 2 of this form.</i>		
Does this Evaluation link to a Commitment?			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<i>If Yes, please use the RCRAInfo 3007 Information Requests and Commitments Form.</i>		
Does this Evaluation link to a 3007 Request?			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<i>If Yes, please use the RCRAInfo 3007 Information Requests and Commitments Form.</i>		
OUTSTANDING VIOLATIONS COVERED BY ABOVE EVALUATION?			YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		<i>If Yes, fill in information below.</i>		
*Seq. No.	*Violation Type	*Agency	*Regulation Citation (Type + Citation) (ex. FR 262.1)			*Date Determined (mm/dd/yyyy)	
0001	FR	S	FR 262.34(a)(3)			07/14/2006	

*Required Fields

JR

RCRAINFO CM&E ADDITIONAL VIOLATIONS FORM

(Attach to RCRAInfo CM&E Evaluation – Violation Form, if appropriate)

EPA ID Number	Handler Name
PA10981103617	CMS Gilbreth Packaging Systems
VIOLATION <input checked="" type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete	Link to Above Evaluation <input checked="" type="checkbox"/>

Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)
	262.C	S	7/14/06	<input type="checkbox"/> A RTC Qualifier is required if entering an Actual RTC Date.	
Notes:					

LINK CITATIONS TO ABOVE VIOLATION?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	If Yes, fill in information below											
<table border="1"> <tr> <th>Citation Type</th> <th>Citation</th> </tr> <tr> <td>FR</td> <td>262.34(a)(3)</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Citation Type	Citation	FR	262.34(a)(3)			<table border="1"> <tr> <th>Citation Type</th> <th>Citation</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Citation Type	Citation				
Citation Type	Citation												
FR	262.34(a)(3)												
Citation Type	Citation												

VIOLATION <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete	Link to Above Evaluation <input type="checkbox"/>																	
<table border="1"> <tr> <th>Seq. No</th> <th>Violation Type</th> <th>Agency</th> <th>Determined Date (mm/dd/yyyy)</th> <th>Return to Compliance (RTC) Qualifier</th> <th>Actual RTC Date (mm/dd/yyyy)</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> A RTC Qualifier is required if entering an Actual RTC Date.</td> <td></td> </tr> <tr> <td colspan="6">Notes:</td> </tr> </table>	Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)					<input type="checkbox"/> A RTC Qualifier is required if entering an Actual RTC Date.		Notes:					
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HAZARDOUS WASTE INSPECTION REPORT

☒ GENERATOR☐ S Q GENERATORCompany name CMS. Gilbreth Packaging SystemsEPA I.D. Number PAD981103617 Employer I.D. Number (EIN) _____Site Address 3001 State Rd.County Bucks Municipality Bristol Twp. Zip 19021Name of Inspector Eric Wiediger, Alex PageName & Title of Responsible Official Joel Spade - Engineering / Safety ManagerPerson Interviewed Nick Cimarelli - Maint. supervisor Telephone (215) 826-2473

Mailing Address (if different from above) _____

Amount of Hazardous Waste Generated per Month: 6000 Pounds _____ Kgs

1. Site Characterization:

STORAGE: ☒ Container ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad Other _____PBR: ☐ Neutralization/WWTP ☐ Reclaim Other _____GENERATOR TREATMENT ☐ Containers ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad2. Universal Waste: ☐ Large Quantity Handler ☐ Small Quantity Handler

Universal Waste Types _____

3. Hazardous Waste Transporters:

Transporter Name Maumee Express, Inc. License Number NJD 986607280

Transporter Name _____ License Number _____

Transporter Name _____ License Number _____

4. Types of hazardous waste generated and destination facility (location & type).

Waste Code	Waste Description	Destination Facility
D001	Waste printing ink	Huall Chemical Co.
F0003	Waste flammable liquids	7013 Krick Rd.
		Bedford, OH 44146

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS

Site Name C.M.S. Gilbreth Packaging Systems ID Number PAD 981103617 Date 7-14-06

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED. CIT. 40 CFR	LINE NO.
X				Hazardous waste determination performed on all waste streams	262a.10	262.11	H001
X				Identification Number	262a.10	262.12	H002
X				Authorized transporters only	262a.10	262.12(c)	H003
X				Subsequent notification requirements met	262a.12(b)		H004
X				Proper manifest used	262a.10	262.21	H005
X				Manifests filled out correctly and completely	262a.20		H006
X				Manifests signed and routed properly	262a.23(a)	262.23	H007
X				Generator waste accumulated on site for 90 days or less	262a.10	262.34(a)	H008
	X			SQG waste accumulated on site for 180 days max unless 200 mile distance rule applies - 270 days	262a.10	262.34(e)(f)	H009
	X			SQG waste accumulated on-site never exceeds 6000 kg	262a.10	262.34(e)(f)	H010
X				Satellite accumulation requirements complied with	262a.10	262.34(c)	H011
X				Personnel training program per 265.16 complied with	262a.10	262.34(a)(4) 262.34(d)	H012
X				Manifest exception and biennial reports retained for 3 years	262a.10	262.40(a)(b)	H013
X				Specified records retained for three years	262a.10	262.40(c)	H014
X				Biennial reports submitted to the Department (LQG only)	262a.41	262.41	H015
X				Exception reporting procedures followed	262a.42	262.42	H016
X				Spill reporting procedures followed	262a.10	262.34(d)	H017
X				PPC plan developed and implemented	262a.10	262.34(a)	H018
X				Special requirements followed for international shipments	262a.10	262.50 262.60	H019
X				Source reduction strategy prepared and available (LQG only)	262a.100		H020
X				Excluded waste complies with exclusionary requirements	261a.4	261.4	H021

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

HAZARDOUS WASTE INSPECTION REPORT
GENERATORS -- SMALL QUANTITY GENERATORS
FACILITY SPECIFICS

Site Name C.M.S. Guilborth Packaging ID Number PA0981103617 Date 7-14-06

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED CIT. 40 CFR	LINE NO.
				CONTAINERS (Subchapter I)			
X				Containers managed in compliance with 40 CFR Part 265 Subpart I and 25 PA Code Chapter 265a Subchapter I	262a.10	262.34	H025
X				Containers of hazardous waste in good condition	265a.1	265.171	H026
X				Containers and stored waste compatible	265a.1	265.172	H027
X				Containers kept closed except during addition or removal of wastes	265a.1	265.173(a)	H028
X				Containers managed to prevent leaks	265a.1	265.173(b)	H029
X				Container configuration and spacing insures safe management and access for inspection purposes and emergency equipment	265a.173		H030
X				Container storage areas inspected at least weekly	265a.1	265.174	H031
X				Special requirements for ignitable or reactive and incompatible waste complied with	265a.1	265.176-177	H032
X				Proper containment and collection systems in place	265a.179		H033
X				Air emission standards complied with (AA, BB, CC)	265a.1	265.178	H034
X				Containers clearly marked with accumulation date and visible for inspection	262a.10	262.34(a)(2)	H035
			X	Containers labeled "Hazardous Waste"	262a.10	262.34(a)(3)	H036
X				Containers labeled accurately identify contents	SWMA 6018.403(b) (2)		H037



INSPECTION REPORT COMMENTS

Date of Inspection 7-14-06 Identification Number _____
Company/Facility/Site Name C.M.S. Gilbreth Packaging Systems

Comments:

A routine inspection was conducted by Eric Wiediger and Alex Page, with Jason Osoredzuk and Clark Smith in attendance. Nick Cimarelli, Maintenance Supervisor, and Joel Spade, Engineering/Safety Manager, were the facility guides.

CMS Gilbreth employs about 80 workers on a one-shift schedule. Security is provided by an alarm system and fenced-in yard with gates. On the day of the inspection, the facility was on a non-production day (Fridays) load. Construction was also being completed in a section of the facility.

The hazardous waste storage container is a free-standing metal building with a grated floor, fire suppression system, and secured access. No waste was observed in the storage building at the time of the inspection.

The company has reduced its hazardous waste significantly in the past year, it has reduced by 2,000 lbs/month. A distilling unit has been installed for recycling the solvents. Its parts-washer maintains some potential waste through Crystal Clean.

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

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Signature by the persons interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person Interviewed _____ Date _____
(Signature)

Inspector [Signature] Date 7-17-06
(Signature)

☐ White - Vendor☐ Yellow - Regional Office☐ Pink - Inspector



INSPECTION REPORT COMMENTS

Date of Inspection 7-14-06 Identification Number _____
Company/Facility/Site Name CMS Gilbreth Packaging Systems

Comments:

The ink storage room, satellite waste storage, "tec-mo" processing press room were all inspected. One of the satellite storage areas contained three (3) drums of waste that were not labelled. This is in violation of the 25PA Code 262a.10 of the Solid Waste Management Act. It is advised that this violation be corrected immediately.

At a record review, the manifests were organized and appeared properly completed. A copy of the 7-5-06 manifest is included in this report. The PPC plan was available and appeared satisfactory. Training records were also maintained properly.

1 violation observed.

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

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Signature by the persons interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person Interviewed

Joel E. Spade
(Signature)

Date

07/14/2006

Inspector

[Signature]
(Signature)

Date

7-14-06

☐ White - Vendor

☐ Yellow - Regional Office

☐ Pink - Inspector



UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Document No.

2. Page 1 of 1

Information within the bold red border is not required by Federal law but may be required by State law.

3. Generator's Name and Mailing Address

CMS Gilbrich Packaging Systems
3001 State Rd. Claydon, PA 19021

Attn: Joel Spade

4. Generator's Phone (215) 826-2175

5. Transporter 1 Company Name

Maurice Express, Inc

6. US EPA ID Number

NJD 986607380

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

HUGILL Chemical Co.
7013 Krick Rd.
Bedford, OH 44146

10. US EPA ID Number

~~OH~~ OH D001926740

A. State Manifest Document Number

PAH 081861

B. State Gen. ID

SAME

C. State Trans. ID

PA-AH 0420

D. Transporter's Phone (267) 590-0043

E. State Trans. ID

PA-AH

F. Transporter's Phone ()

G. State Facility's ID

H. Facility's Phone (440) 232-9400

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

HM

12. Containers

No.

Type

13. Total Quantity

14. Unit Wt/Vol

15. Waste No.

a. ☒ RQ. Waste Printing ink, 3, UN1210, PG II (D001) (Propanol)

005

DM

00275

G

D001

b. ☒ RQ. Waste Flammable liquids, n.d.s. 3, UN1993, PG II (D001) (Xylene, Ethyl Acetate)

016

DM

00825

G

F003

J. Additional Descriptions for Materials Listed Above

11a. LI

11b. LI, E, T Also F005, D001, D035

K. Handling Codes for Wastes Listed Above

a.

c.

b.

d.

15. Special Handling Instructions and Additional Information

11a. Approval No. 9463; ERG # 129

11b. Approval No. 9464; ERG # 128

Emergency Phone: 800-424-9300

LDR on file @ TSDP

Certificate of Disposal Required

16. GENERATOR'S CERTIFICATION:

I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

JOEL E. SPADY

Signature

JOEL E. SPADY

MONTH DAY YEAR

07 05 06

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

TERENCE MUIR

Signature

TERENCE MUIR

MONTH DAY YEAR

07 05 06

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

MONTH DAY YEAR

19. Discrepancy Indication Space:

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Signature

MONTH DAY YEAR

RCRAInfo CM&E EVALUATION - VIOLATION FORM

*EPA ID Number		PAD981103617			EIN	
Handler Name		CMS GILBRETH PACKAGING SYSTEMS, INC.				
Street		3001 STATE ROAD				
City		CROYDON		State	PA	Zip Code 19021
Actual Generator Status <i>Check only if different from Notified Status.</i>			LQG <input type="checkbox"/>	SQG <input type="checkbox"/>	CESQG <input type="checkbox"/>	Closed <input type="checkbox"/> Non-Handler <input type="checkbox"/>
Universe Change Required? <i>(Generator Status Change Required)</i>			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, complete the Universe Change Section (on reverse side of this form).			
RCRA Non-Notifier?			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, complete the Handler Section (on reverse side of this form).			
Other Facility Information Changes?			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, complete the Handler Section (on reverse side of this form).			
*EVALUATION		<input checked="" type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete		You must provide an Evaluation Identifier (also known as the Sequence Number).		
*Evaluation Identifier	*Type	*Evaluation Start Date (mm/dd/yyyy)	*Agency	Responsible Person	Suborganization	
	CEI	3/27/2007	S	PA ATP	WM	
Day Zero (mm/dd/yyyy): You need to specify Day Zero for all evaluation types except CDI, CSE, FUI, SNN, and SNN, otherwise it defaults to Evaluation Start Date. For CDI, CSE, FUI, and SNN evaluations, you must select a previous CEI Start Date for the Day Zero. SNN evaluation type does not require a Day Zero.			Reclassified SV Date: Only applicable for SNN evaluation type as appropriate.			
Notes: NO VIOLATIONS						

Evaluation Indicator Field (Check all that apply) <input type="checkbox"/> Citizen Complaint <input type="checkbox"/> Multimedia Inspection <input type="checkbox"/> Sampling <input type="checkbox"/> Not Subtitle C	
Focused Coverage Areas (Use Only for Evaluation Type FCI) <i>Regulation-Specific FCI</i> BIF <input type="checkbox"/> CCI <input type="checkbox"/> CFI <input type="checkbox"/> INC <input type="checkbox"/> LDR <input type="checkbox"/> PTB <input type="checkbox"/> PTX <input type="checkbox"/> THI <input type="checkbox"/> UIC <input type="checkbox"/> UOI <input type="checkbox"/> UWR <input type="checkbox"/> OTHER (specify): _____ <i>Routine/Standardized FCI</i> CAR <input type="checkbox"/> CPC <input type="checkbox"/> DOS <input type="checkbox"/> EMR <input type="checkbox"/> IEI <input type="checkbox"/> ISI <input type="checkbox"/> RTI <input type="checkbox"/>	

Does this Evaluation Add/Update/Delete a Violation?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	If Yes, fill in the Violations Section(s) on page 2 of this form.
Does this Evaluation link to a Commitment?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	If Yes, please use the RCRAInfo 3007 Information Requests and Commitments Form.
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OUTSTANDING VIOLATIONS COVERED BY ABOVE EVALUATION? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		If Yes, fill in information below.

*Seq. No.	*Violation Type	*Agency	*Regulation Citation (Type + Citation) (ex. FR 262.1)	*Date Determined (mm/dd/yyyy)

*Required Fields



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Inspection Date 3/27/2007
Time Start 10:15 AM
Time Finish 11:45 AM

HAZARDOUS WASTE INSPECTION REPORT

☒ GENERATOR☐ S Q GENERATOR

Company name CMS GILBRETH PACKAGING SYS. I.D. Number PA09B1103617
Site Address 3001 STATE ROAD
County BUCKS Municipality BRISTOL TWP. Zip 19021
Name of Inspector: ALEX PAGE
Name & Title of Responsible Official JOEL SPADE - ENGR. + MAINTENANCE MGR.
Person Interviewed JOEL SPADE Telephone (215) 826 2473
Mailing Address (if different from above) SAME
Amount of Hazardous Waste Generated per Month: 3000 Pounds _____ Kgs

1. Site Characterization:

STORAGE: ☐ Container ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad Other _____
PBR: ☐ Neutralization/WWTP ☐ Reclaim Other _____
GENERATOR TREATMENT ☐ Containers ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad

2. Universal Waste: ☐ Large Quantity Handler ☐ Small Quantity Handler

Universal Waste Types _____

3. Hazardous Waste Transporters:

Transporter Name MAUMEE EXPRESS, INC. License Number PA-AH0420
Transporter Name _____ License Number _____
Transporter Name _____ License Number _____

4. Types of hazardous waste generated and destination facility (location & type).

Waste Code	Waste Description	Destination Facility
<u>D001, F005</u>	<u>WASTE FLAMMABLE LIQUIDS</u>	<u>HUKILL CHEMICAL CO.</u>
	<u>WASTE PRINTING INK</u>	<u>7013 KRICK RD.</u>
		<u>BEDFORD OH 44146</u>

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS

Site Name CMS GILBERTH ID Number PAD 981103617 Date 3/27/2007

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED. CIT. 40 CFR	LINE NO.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hazardous waste determination performed on all waste streams	262a.10	262.11	H001
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identification Number	262a.10	262.12	H002
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Authorized transporters only	262a.10	262.12(c)	H003
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Subsequent notification requirements met	262a.12(b)		H004
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper manifest used	262a.10	262.21	H005
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manifests filled out correctly and completely	262a.20		H006
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manifests signed and routed properly	262a.23(a)	262.23	H007
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Generator waste accumulated on site for 90 days or less	262a.10	262.34(a)	H008
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SQG waste accumulated on site for 180 days max unless 200 mile distance rule applies - 270 days	262a.10	262.34(e)(f)	H009
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SQG waste accumulated on-site never exceeds 6000 kg	262a.10	262.34(e)(f)	H010
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Satellite accumulation requirements complied with	262a.10	262.34(c)	H011
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personnel training program per 265.16 complied with	262a.10	262.34(a)(4) 262.34(d)	H012
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manifest exception and biennial reports retained for 3 years	262a.10	262.40(a)(b)	H013
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specified records retained for three years	262a.10	262.40(c)	H014
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Biennial reports submitted to the Department (LQG only)	262a.41	262.41	H015
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exception reporting procedures followed	262a.42	262.42	H016
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spill reporting procedures followed	262a.10	262.34(d)	H017
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PPC plan developed and implemented	262a.10	262.34(a)	H018
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special requirements followed for international shipments	262a.10	262.50 262.60	H019
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Source reduction strategy prepared and available (LQG only)	262a.100		H020
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excluded waste complies with exclusionary requirements	261a.4	261.4	H021
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS FACILITY SPECIFICS

Site Name CMS GILBRETH ID Number PAD 981103617 Date 3/27/2007

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED CIT. 40 CFR	LINE NO.
				CONTAINERS (Subchapter I)			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers managed in compliance with 40 CFR Part 265 Subpart I and 25 PA Code Chapter 265a Subchapter I	262a.10	262.34	H025
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers of hazardous waste in good condition	265a.1	265.171	H026
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers and stored waste compatible	265a.1	265.172	H027
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers kept closed except during addition or removal of wastes	265a.1	265.173(a)	H028
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers managed to prevent leaks	265a.1	265.173(b)	H029
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Container configuration and spacing insures safe management and access for inspection purposes and emergency equipment	265a.173		H030
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Container storage areas inspected at least weekly	265a.1	265.174	H031
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special requirements for ignitable or reactive and incompatible waste complied with	265a.1	265.176-177	H032
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper containment and collection systems in place	265a.179		H033
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Air emission standards complied with (AA, BB, CC)	265a.1	265.178	H034
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers clearly marked with accumulation date and visible for inspection	262a.10	262.34(a)(2)	H035
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers labeled "Hazardous Waste"	262a.10	262.34(a)(3)	H036
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers labeled accurately identify contents	SWMA 6018.403(b) (2)		H037

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of Inspection 3/27/2007 Identification Number PAD 981103617Company/Facility/Site Name CMS GILBRETH PACKAGING SYSTEMS, INC.

INSPECTION CONDUCTED BY ALEX PAGE. JOEL SPADE,
ENGINEERING + MAINTENANCE MANAGER, WAS THE FACILITY
GUIDE. CMS GILBRETH PACKAGING SYSTEMS IS A
MANUFACTURER OF LABELS USING THE FLEXOGRAPHIC
OR ROTOGRAVURE PRINTING PROCESS. CMS
GILBRETH EMPLOYS 82 PEOPLE WHO WORK ONE
SHIFT. SECURITY IS PROVIDED BY PERIMETER
FENCING WITH GATED ACCESS AND AN ALARM
SYSTEM.

AT THE HAZARDOUS WASTE STORAGE AREA, DRUMS
OF HAZARDOUS WASTE ARE STORED IN A FREE
STANDING METAL BUILDING WITH GRATED FLOOR
AND FIRE SUPPRESSION SYSTEM. DRUMS OF
HAZARDOUS WASTE WERE LABELED AND HAD
ACCUMULATION START DATES LESS THAN 90 DAYS.

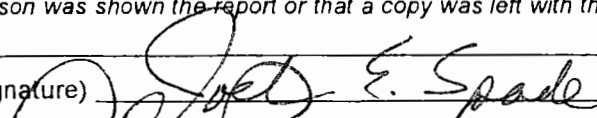
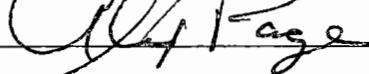
AT A RECORD REVIEW, MANIFEST WERE
AVAILABLE AND APPEARED PROPERLY COMPLETED AND

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature)

Date

03/27/07

Inspector (signature)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of Inspection 3/27/2007 Identification Number PAD 981103617Company/Facility/Site Name CMS GILBRETH PACKAGING SYSTEMS, INC.ROUTED WITHIN TIME LIMITS. A COPY OF
A TYPICAL MANIFEST IS INCLUDED WITH THIS
REPORT.WEEKLY INSPECTION LOGS, TRAINING RECORDS
AND PPC PLAN WERE AVAILABLE AND UP
TO DATE.NO VIOLATIONS OBSERVED

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature)

Julie E. Spade
John Page

Date

03/27/07

Inspector (signature)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number PAD981103617	2. Page 1 of 1	3. Emergency Response Phone 800-424-9300	4. Manifest Tracking Number 001246513 FL
5. Generator's Name and Mailing Address CMS Gilbreth Packaging Systems, Inc. 3001 State Rd. Croydon, PA 19021 Generator's Phone: 215-826-2473			Generator's Site Address (if different than mailing address) SAME		
6. Transporter 1 Company Name Mauvee Express, Inc.			U.S. EPA ID Number NJD 986607380		
7. Transporter 2 Company Name			U.S. EPA ID Number		
8. Designated Facility Name and Site Address Hakill Chemical Co. 7013 Kriac Rd. Bedford, OH 44146 Facility's Phone: 440-232-9400			U.S. EPA ID Number OH0001926740		

9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
		No.	Type			DO01	DO35	F00
X	1. RQ, Waste Flammable liquids, A.D.S. 3, UN1993, PG II (DO01) (Xylene, Ethyl Acetate)	002	DM	00110	G	DO01	DO35	F00
X	2. RQ, Waste Printing ink, 3, UN1210, PG II (DO01) (Propanol)	001	DM	00055	G	DO01		
	3.							
	4.							

14. Special Handling Instructions and Additional Information
1. App oval # 9464; ERG #128
2. Approval # 9463; ERG #129
LDR on file @ TSDP
Certificate of Disposal Required

15. **GENERATOR'S/OFFEROR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.

Generator's/Officer's Printed/Typed Name: **JOEL E. SPADÉ** Signature: *Joel E. Spade* Month: **01** Day: **08** Year: **07**

16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: _____
 Transporter signature (for exports only): _____ Date leaving U.S.: _____

17. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name: **JOSEPH OCHAB** Signature: *Joe Ochab* Month: **01** Day: **08** Year: **07**

Transporter 2 Printed/Typed Name: _____ Signature: _____ Month: _____ Day: _____ Year: _____

18. Discrepancy

18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection

Manifest Reference Number: _____

18b. Alternate Facility (or Generator) _____ U.S. EPA ID Number _____

Facility's Phone: _____

18c. Signature of Alternate Facility (or Generator) _____ Month: _____ Day: _____ Year: _____

19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)

1. **H061** 2. **H061** 3. _____ 4. _____

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a

Printed/Typed Name: **Paul B Mangolis** Signature: *Paul B Mangolis* Month: **11** Day: **17** Year: **07**

Inspections-Details Screen - Role: ENF

Inspection Id: 11609349 Insp Type: CEI Compliance Evaluation Date Inspected: 03/27/2007

Inspected Entity
 Cat: PF Entity: 3187 PAD981103617 CMS GILBRETH PACKAGING SYS Program Specific Id: PAD981103617

Type: CAHWO Captive Hazard Kind: Status: ACTIV Active

More SF: SF: 10021 PAD981103617 CMS GILBRETH PACKAGING SYS Type: HGCAP

SF Status: Launch Inspection Report

General Insp SF Viol Rel Insp Comp Asst Cover Area Admin F2E2 Summary

Owner/Operator: 86643 23-1604497 CMS GILBRETH PKG SYS INC

Complaint Id: Inspector: 446831 PAGE, ALEX More ☐

Due Date: Inspection Result: NOVIO No Violations Noted

Date Scheduled: Scheduled By:

Agency: DEP PA Dept of Environmental Protect External Joint Insp ☐ Viol Ind ☐ Compliant Ind ☐

Program: WMHW ICS Code: 4100 EP SE Rgnl Off External Details

PF Related Info
 County: 09 Bucks Municipality: 09001 Bristol

Create ENF Back Go To